

SOUTH AFRICAN MARITIME SAFETY AUTHORITY

No. 1197

(GG 26878)

15 October 2004

MERCHANT SHIPPING ACT, 1951 (ACT No. 57 OF 1951)

MERCHANT SHIPPING (EYESIGHT AND MEDICAL EXAMINATION) REGULATIONS, 2004

The Minister of Transport has, under section 356 of the Merchant Shipping Act, 1951 (Act No. 57 of 1951), made the regulations in the Schedule.

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Arrangement of regulations

*Regulation
No.*

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PART 1 INTRODUCTORY

Title and commencement

1. These regulations are called the Merchant Shipping (Eyesight and Medical Examination) Regulations, 2004, and come into operation on 1 November 2004.

Objects of regulations

2. These regulations—
- (a) for the purposes of sections 87, 92, 101 and 111 of the Act—
 - (i) make provision for and in relation to the medical examination of, and the issue of medical certificates to, masters and seamen and persons proposing to engage in employment as masters or seamen; and
 - (ii) prescribe the colour and form vision tests and the medical standards to be applied by eyesight examiners and medical examiners, respectively;
 - (b) for the purposes of the seafarer certification regulations, prescribe matters relating to the health of persons performing, or intending to perform, the duties of a qualified master or seaman;
 - (c) pursuant to section 356(1)(xxxviii) of the Act, require the observance of the provisions of section 101 of the Act also in relation to certain ships to which section 68 of the Act applies;
 - (d) give effect to Regulation I/9 annexed to the STCW Convention and Section B-I/9 of the STCW Code referred to in that Convention.

Interpretation

3. In these regulations any word or expression given a meaning in the Act has the meaning so given and, unless the context indicates otherwise—

"applicant", except in Part 3, means a person who applies for a medical certificate, and, in Part 3, means a person who applies for an eyesight certificate;

"approved" means approved by the Authority;

"contravene", in relation to a provision of these regulations, includes failing or refusing to comply with that provision;

"eyesight certificate" means a certificate, issued in accordance with Part 3, relating to an applicant's colour and form vision;

"eyesight examiner" means a person designated under regulation 24;

"holder", in relation to a certificate or other document, means the person identified as holder by that certificate or document;

"medical certificate" means a certificate, issued in accordance with Part 2, relating to an applicant's medical fitness;

"medical examiner" means an approved medical practitioner contemplated in regulation 18 or 19;

"seafarer" means a person serving, or intending to serve, on a ship and includes a master or seaman but does not include a pilot, a person who is not a member of the crew of the ship or a supernumerary;

"seafarer certification regulations" means the regulations, made under the Act, relating to the qualifications and certification of seafarers;

"seaman" includes a cadet, an apprentice-officer, and any other person engaged on a ship in a training capacity;

"the Guidance" means the Guidance on Medical Examination of Seafarers set out in Annex 1;

"the Act" means the Merchant Shipping Act, 1951 (Act No. 57 of 1951);

"valid", in relation to a certificate or other document, means a certificate or document that is current and that has not been cancelled.

Application

4. Subject to regulation 5, these regulations apply to—

- (a) every person who is required to be medically examined in terms of section 87, 92, 101 or 111 of the Act; and
- (b) every applicant for certification in terms of the seafarer certification regulations, where the applicant is required to produce a medical certificate.

Application of section 101 of Act to certain other ships

5. Section 101 of the Act applies to the employment or engagement of a seafarer on a ship of 25 gross tonnage or more to which section 68 of the Act applies as if the ship were a ship to which section 101 of the Act applies otherwise than by virtue of this regulation.

PART 2
MEDICAL FITNESS

Requirement to be medically fit

6. Subject to sections 101(5) and 111(4)(b) of the Act, a person to whom these regulations apply must not perform duties as a seafarer, or be taken into employment to perform duties as a seafarer, on a ship unless that person is medically fit to perform those duties.

Evidence of medical fitness

7. For the purposes of regulation 6, and sections 87, 92, 101 and 111 of the Act, a person is medically fit to perform duties as a seafarer if that person—

- (a) holds a valid medical certificate declaring him or her to be fit for those duties; and
- (b) there is no evidence that his or her medical condition has changed since the last medical examination to an extent that would make him or her unfit for those duties.

Application for medical certificate

8. A person requiring a medical certificate must apply to a medical examiner.

Medical examination, etc

9. (1) A medical examiner is to conduct such examinations, tests and interviews and make such enquiries in relation to an applicant as appear appropriate to determine whether the applicant is medically fit to perform the intended duties as a seafarer.

(2) An applicant must disclose to the medical examiner all pre-existing medical conditions that are known to the applicant and that could affect the determination of the applicant's medical fitness.

Determination of fitness

10. (1) In determining an applicant's medical fitness, a medical examiner must have regard to the Guidance in addition to applying normal medical fitness considerations.

(2) If an applicant is found by a medical examiner to be unfit for service at sea, the applicant, or his or her employer, may, at own expense, appeal against the finding to a medical appeal panel constituted in accordance with subregulation (3).

(3) (a) A medical appeal panel consists of three members appointed by the Authority, of whom—

- (i) two must be medical examiners, one of whom must be appointed as chairperson; and

- (ii) one must be a specialist physician or surgeon from the appropriate speciality.
- (b) A quorum for a meeting of a medical appeal panel is three members.
- (c) A decision of the majority of the members of a medical appeal panel is taken to be a decision of the panel.
- (d) Subject to this regulation and any directions that the Authority may give, a medical appeal panel may regulate its own procedure.
- (e) In determining an appeal, a medical appeal panel may confirm, vary or set aside a medical examiner's finding.

Issue of medical certificate

11. (1) If a medical examiner—

- (a) is satisfied as to the identity of an applicant; and
- (b) is able to attest to the true state of the applicant's health,

he or she must issue to the applicant a medical certificate substantially in accordance with the form of certificate set out in the Appendix to the Guidance.

(2) The medical examiner must set out in the medical certificate his or her assessment of the applicant's medical fitness as either—

- (a) unfit for service at sea; or
- (b) fit for service at sea with restrictions; or
- (c) fit for service at sea without restrictions.

(3) A medical examiner who assesses an applicant as fit for service at sea with restrictions must state those restrictions in the medical certificate.

Further examination*

12. A seafarer who is the holder of a valid medical certificate may at any time be required by the owner or master of a ship, or by the Authority, to obtain a new certificate where as a result of illness, injury or other cause it is believed the seafarer may no longer be medically fit.

Period of validity of medical certificate

13. (1) Except as provided in subregulation (2) and (3), and subject to regulation 14 and section 111(5) of the Act, a medical certificate is valid from the date of issue for a period of 12 months.

* See also section 87 of the Act.

(2) If the period of validity of a medical certificate expires during the course of a voyage, the certificate continues to be valid until the end of the voyage, or until the end of a further period of 30 days, whichever occurs first.

(3) If appropriate, taking into account the state of health of the applicant, a medical examiner may issue a medical certificate that specifies a shorter period of validity than the period specified in subregulation (1).

Cancellation of medical certificate

14. A medical certificate is taken to be cancelled when the person to whom it is issued—

- (a) is issued with a later medical certificate; or
- (b) is required, in accordance with regulation 12, to obtain a further medical certificate; or
- (c) is required, in accordance with section 87(1) of the Act, to submit to examination by a medical examiner.

Production of medical certificate

15. A person required to hold a medical certificate must not fail, except with reasonable excuse, to produce the certificate on demand to the owner or master of the ship on which the person serves or is to serve, or to the Authority.

Delivery of cancelled medical certificate

16. A person whose medical certificate is taken to be cancelled in terms of regulation 14 must deliver the certificate to the Authority on demand.

Aids to vision or hearing

17. A person whose medical certificate indicates that an aid to vision or hearing was used for the purpose of being found fit must—

- (a) use the aid when performing duties as a seafarer; and
- (b) in the case of an aid to vision, keep at least two such aids while performing duties as a seafarer.

Approval of medical practitioners

18. (1) A medical practitioner may be approved for the purposes of the Act, and in particular sections 87, 92, 101 and 111 thereof, if he or she—

- (a) holds a qualification in occupational health recognised by the Authority; or
- (b) has at least three years practical experience in medically examining seafarers.

- (2) Every such approval—
- (a) must be given in writing;
 - (b) must specify the date on which it takes effect and the date on which it expires, and the conditions (if any) on which it is given; and
 - (c) may be varied or revoked by a subsequent notice.
- (3) Within thirty days after the commencement of these regulations, the Authority must publish a marine notice setting out a consolidated list of medical examiners approved, or deemed to be approved, for the purposes of the Act. The Authority must review and, if necessary, update this list at regular intervals, but at least every six months.

Transitional arrangements (approved medical practitioners)

19. Despite anything to the contrary in these regulations, but subject to regulation 18(2)(c), every medical practitioner who was, immediately before the commencement of these regulations, an approved medical practitioner for the purposes of the Act is to continue to be an approved medical practitioner for those purposes for the period expiring on the earlier of the following two dates:

- (a) the date (if any) appearing from the instrument of approval to be the date on which the approval ceases to be valid; or
- (b) the date on which the period of three years after the commencement of these regulations expires.

PART 3

COLOUR AND FORM VISION

Eyesight tests

20. A person is required to pass the colour and form vision tests set out in Annex 2 (in this Part called "eyesight tests") if that person's intended duties as a seafarer include watchkeeping duties in the deck department and that person—

- (a) is to be employed or indentured as contemplated in section 92 of the Act; or
- (b) is an applicant for certification in terms of the seafarer certification regulations and is required to produce an eyesight certificate; or
- (c) having failed to meet a relevant visual standard specified in Section 3 of the Guidance, has been referred by a medical examiner for further examination in accordance with this Part.

Application for eyesight certificate

21. A person requiring an eyesight certificate must apply to the Authority on the approved form.

Conduct of eyesight tests

22. Eyesight tests are to be conducted by an eyesight examiner at the times and places that the Authority determines.

Issue and period of validity of eyesight certificate

23. (1) The eyesight examiner must issue an applicant who passes the eyesight tests with an eyesight certificate in the approved form.

(2) An eyesight certificate is valid from the date of issue for a period of 12 months.

Eyesight examiners

24. The Authority may designate as an eyesight examiner for the purposes of this Part any person who, in the Authority's opinion, is qualified to be so designated.

PART 4 SUPPLEMENTARY

Offences, penalties and defences

25. (1) Every person commits an offence who contravenes regulation 6, 15, 16 or 17.

(2) A person who commits an offence in terms of subregulation (1) is liable on conviction to a fine or to imprisonment for a period not exceeding six months.

(3) In proceedings for an offence in terms of subregulation (1) it is a defence to prove that the accused took reasonable precautions and exercised due diligence to avoid committing the offence.

Amendment of regulations

26. The Merchant Shipping (Training and Certification) Regulations, 1999, published by Government Notice No. R. 20772 of 30 December 1999, as amended by Government Notice No. R 502 of 26 April 2002, are amended—

(a) by the substitution for paragraph (a) of regulation 3(2) of the following paragraph:

"(a) medical fitness (including, where applicable, colour and form vision), in accordance with the requirements of the Merchant Shipping (Eyesight and Medical Examination) Regulations, 2004.";

(b) by the substitution in regulation 71(2) for the words preceding paragraph (a) of the following words:

"The regulations referred to in subregulation (1)(a), (b) and (c) shall continue to have effect for the purposes of—";

- (c) by the substitution in the Annex for paragraph (a) of the provisions applicable to the tables of the following paragraph:

- "(a) A sight test certificate is an eyesight certificate issued in accordance with Part 3 of the Merchant Shipping (Eyesight and Medical Examination) Regulations, 2004. The certificate is valid from the date of issue for a period of 12 months."; and

- (d) by the substitution in the Annex for paragraph (f) of the provisions applicable to the tables of the following paragraph:

- "(f) A medical certificate is a certificate issued in accordance with Part 2 of the Merchant Shipping (Eyesight and Medical Examination) Regulations, 2004, and is valid from the date of issue for the period, not exceeding 12 months, stated in the certificate."

ANNEX 1

(Regulation 3)

GUIDANCE ON MEDICAL EXAMINATION OF SEAFARERS

SECTION 1

GENERAL INTRODUCTION

1 Seafaring is a potentially hazardous occupation which calls for a high standard of health and fitness in those entering or re-entering the industry. A satisfactory standard of continuing good health is necessary for serving seafarers throughout their career because of the high inherent risks of the occupation. It is better, therefore, at an initial examination, to exclude an applicant if there is any doubt about his or her continuing fitness. Flexibility should be exercised only during examinations for retention.

2 These medical and visual standards give guidance on health criteria to be met. Allowance should be made for the inevitable impairment of health that time and change bring, so that a reasonably fit seafarer can, if he or she wishes it, continue at sea until the approved age or retirement. Firm recommendations have been made to exclude those suffering from medical conditions considered to be incompatible with continued seafaring.

3 It is clearly impossible to encompass within the standards specific advice on every medical condition. However, as a general rule the medical examiner should be satisfied in each case that no disease or defect is present which could either be aggravated by working at sea or represent an unacceptable health risk to the individual seafarer, other crew members or the safety of the ship.

4 Apart from the purely medical aspects, the occupational background should be considered especially in cases where there is doubt. It is necessary to emphasise that a ship is not only a place of work requiring attention throughout the day and night, but also a temporary home in which the crew must eat, sleep and find recreation. Most important of all is the need to adjust to each other, often for long periods, during a voyage. Although much is done to ameliorate living and working conditions, certain inherent characteristics remain. A crew is a closed community living in a ship that is seldom quiet or still. Individual eating habits and tastes cannot easily be met; facilities for physical exercise are limited; forced ventilation systems are used; the tedium of routine can easily become oppressive in the absence of normal diversion enjoyed by those ashore. An inability to fit in, or unwillingness to take responsibility, or to accept a reasonable measure of necessary discipline, could impair the safe and efficient working of the ship.

5 Very few merchant ships carry doctors. Acute illness or injury is dealt with by designated ship's officers whose training is limited to first aid or medical aid treatment. It should be borne in mind that a crew complement is carefully adjusted in terms of its size. Sickness can burden other crew members or even impair the efficient working of a ship. The examining doctor should therefore be satisfied that no condition is present which is likely to cause trouble during a voyage and no treatment is being followed which might cause worrying side effects. It would be an unsafe practice to allow seafaring with any known medical condition where the possibility of serious exacerbation requiring expert treatment could occur as a calculated risk.

6 The absence of doctors in most ships means that seafarers will not be able readily to consult a doctor or obtain special treatment until the next port call. Ship turnaround in ports is often very rapid allowing no time for necessary investigation subsequent to consultation with a doctor. The standard of medical practice abroad varies and facilities, which we in this country would regard as necessary, may not be available at smaller, remote ports. It is doubtful that it is even wise to permit seafaring if the loss of a necessary medicament could precipitate the rapid deterioration of a condition.

7 It should be remembered that some trades will require that seafarers spend lengthy periods in tropical climates. Furthermore, most seafarers will need to join and leave ships by air travel. They should, therefore, be free from any condition which precludes air travel, eg. Pneumothorax and conditions which predispose to barotrauma.

8 Where medication is acceptable for serving seafarers, arrangements should be made for a reserve stock of the prescribed drugs to be held in a safe place, with the agreement of the ship's master.

9 Article 4 of ILO Convention No. 73 states that "when prescribing the nature of the examination, due regard shall be had to the age of the person to be examined and the nature of the duties to be performed". In addition, Article 3 of the Convention states that a serving seafarer should have a medical certificate "attesting to his fitness for the work for which he is to be employed at sea". In reaching a conclusion, the attending doctor should therefore consider any medical conditions present, the age and experience of the seafarer, the specific work on which he or she will be employed and the trade in which he or she will be engaged (where known). If a seafarer is found to be unfit to continue in his or her present capacity because he or she does not meet the full unrestricted sea service category, a restricted service certificate may be issued stating the restrictions applicable.

10 The standards are framed to provide the maximum flexibility in their interpretation compatible with the paramount importance of maintaining the safety of vessels at sea, the safe performance of the serving seafarer's duties while, at the same time, protecting his or her health. Conditions not specified in the standards, which interfere with job requirements, should be assessed in the light of the general principle outlined above.

11 It may be necessary on occasion and, with the seafarer's consent, for the doctor to consult the general practitioner. When it is necessary to consult with other doctors the usual ethical considerations will apply, but it should be clearly understood that the decision on fitness in accordance with the required medical standard, rests with the initial examining doctor, subject to the medical appeal process.

12 Full clinical notes should be kept of any detailed medical examination and be retained for at least six years.

SECTION 2
CATEGORIES OF FITNESS

The following table describes the several categories of fitness used in Section 3 (Medical standards).

Categories of fitness	Description of standard	Notes on standard
Category A	Fit for service at sea without restrictions	No restrictions.
Category A(T)	Fit for service at sea without restrictions but with medical surveillance at specified intervals	May be used where a serving seafarer can be considered fit for all shipping trades, geographical areas, types of ships or jobs but where medical surveillance is required at intervals. The medical certificate should be validated only for the appropriate period which would take into account the expected duration of the tour duty.
Category B	Unfit for service at sea	Permanent unfitness. Full use should be made of Categories E, C and D before declaring a serving seafarer permanently unfit.
Category C	Unfit for service at sea	Indefinite unfitness: review in months.
Category D	Unfit for service at sea	Temporary unfitness: review in weeks.
Category E	Fit for service at sea with restrictions	The medical certificate must state the restriction, for example: <i>"Restricted to service on vessels engaged on near-coastal voyages only"</i> .

SECTION 3
MEDICAL STANDARDS

Item	Standard
1	INFECTIOUS DISEASES
1.1	Gastro-Intestinal Infectious Diseases - until satisfactorily treated - Category D. Special care should be taken in respect of catering staff.
1.2	Other Infectious or Contagious Diseases - until satisfactorily treated - Category D.
1.3	Active Pulmonary Tuberculosis
1.3.1	When the examining doctor is satisfied, on the advice of a chest physician, that the lesion is fully healed and that the patient has completed a full course of chemotherapy, then return to work should be considered. In such cases, Category A(T) would be appropriate initially to allow for adequate surveillance.
1.3.2	Cases where either one or both lungs have been seriously affected are rarely suitable for re-employment. All relapsed cases should be Category B.
1.4	Sexually Transmissible Diseases All cases of acute infection are, while under treatment, Category D. Cases under surveillance having finished treatment will usually be fit for normal service but restricted service may be necessary if facilities for supervision are inadequate. In all cases evidence of satisfactory tests of cure should be produced.
1.4.1	HIV Positive In such cases Category A(T) would be appropriate initially to allow for adequate surveillance.
1.4.2	AIDS related complex and clinical AIDS - All confirmed cases - Category C or B.
2	MALIGNANT NEOPLASMS Malignant Neoplasms - including Lymphoma, Leukaemia and similar conditions. Each case should be graded on diagnosis - Category C. Later progression to Category A, A(T), E or B should be dependent on assessment of progress, prognosis, measure of disability and the need for surveillance following treatment. No unrestricted Category A grading should be given within five years of completion of treatment, except in cases of skin cancer.
3	ENDOCRINE AND METABOLIC DISEASES
3.1	Thyroid disease Serving seafarers developing thyroid disease for investigation - Category D, then Category A, A(T), E or B on case assessment.
3.2	All other cases of endocrine disease in serving seafarers - Category D for investigation, upon which assessment will depend.
3.3	Diabetes Mellitus
3.3.1	All cases requiring Insulin - Category B.

Item	Standard
3.3.2	Serving seafarers whose diabetes is controlled by food restriction: an initial period of up to six months should be allowed to achieve stabilisation - Category C. Thereafter, to be subject to medical review at appropriate intervals. The current treatment regimen should be confirmed with the general practitioner at each review - Category A(T).
3.3.3	Serving seafarers requiring oral hypoglycaemic agents: an initial period of up to six months should be allowed to achieve stabilisation - Category C. Thereafter, in the absence of any complications, service may be considered subject to six-monthly medical reviews and assessment for suitable job and sea trade - Category A(T) on case assessment.
3.4	Obesity
3.4.1	Excessive obesity significantly affecting exercise tolerance, mobility and/or general health, and likely to impair safe performance of duties at sea - Category D for treatment.
3.4.2	Refractory or relapsing cases - Category B.
	<i>Note: A standard set of height/weight tables (preferably the Metropolitan Life tables) should be used - making an allowance of up to 25% excess weight.</i>
4	DISEASES OF THE BLOOD AND BLOOD FORMING ORGANS
	There should not be any significant disease of the haemopoietic system.
4.1	Unexplained or Symptomatic Anaemia - for investigation - Category D. Then Category A, A(T), E or B on case assessment.
5	MENTAL DISORDERS
5.1	Acute Psychosis , whether organic, schizophrenic, manic depressive or any other psychosis listed in the International Classification of Diseases - Category B.
5.2	Alcohol Abuse (Dependency) . If persistent and affecting health by causing physical or behavioural disorder - Category B.
5.3	Drug Dependence . A history of abuse of drugs or substances within the last 5 years - Category B.
5.4	Neurosis - for example anxiety state, depression, or any other mental disorder likely to impair safe performance of duties at sea - Category D for assessment.
5.4.1	Chronic or recurrent - Category B.
6	DISEASES OF THE NERVOUS SYSTEM
6.1	Organic Nervous Disease - especially those conditions causing defect of muscular power, balance, mobility and co-ordination - Category B.
6.2	Some minor localised disorders not causing symptoms of incapacity and unlikely to progress, may be - Category A.

Item	Standard
6.3	Epilepsy
6.3.1	<p>A person who</p> <ul style="list-style-type: none"> (a) has been free of all epileptic attacks for at least the last ten years; and (b) has not taken anti-epileptic drugs during that ten year period; and (c) does not have a continuing liability to seizures, <p>- Category A(T) (fit for unrestricted service subject to medical surveillance)</p>
6.3.2	<p>A single fit in a serving seafarer - for investigation - Category D. Then, providing that the past medical history is clear and investigation has shown no abnormality, re-entry can be considered after one year without treatment or after one year following the cessation of treatment.</p>
6.3.3	<p>Serving seafarers who have had cranial surgery or significant traumatic brain damage - Category C for 12 months - then Category A, B or E on case assessment.</p>
6.4	<p>Migraine - slight infrequent attacks responding quickly to treatment - Category A. Frequent attacks causing incapacity - Category B.</p>
6.5	<p>Syncope and Other Disturbances of Consciousness - for assessment - Category D. Recurrent attacks with complete or partial loss of consciousness should be - Category B.</p>
6.6	<p>Disabling Meniere's Disease - Category B.</p>
7	CARDIOVASCULAR SYSTEM
	<p>The Cardiovascular System should be free from acute or chronic disease causing significant disability.</p>
7.1	<p>Valvular Disease causing significant impairment or having required surgery - Category B. Satisfactorily treated patent ductus arteriosus or atrial septal defect could be accepted.</p>
7.2	Hypertension
7.2.1	<p>All cases for investigation - Category D.</p>
7.2.2	<p>Serving seafarers with hypertension whose blood pressure can be maintained below 170/100 mm by dietary control - Category A(T) for annual assessment.</p>
7.2.3	<p>Serving seafarers whose blood pressure can be maintained below 170/100 mm by anti-hypertension therapy without significant side effect - Category A(T) to allow for health surveillance and to ensure that arrangements have been made for continuation of treatment.</p>
7.2.4	<p>All other cases - Category B.</p>
7.3	<p>Cardiac event i.e. myocardial infarction, ECG evidence of part myocardial infarction or newly recognised left bundle branch block, angina, cardiac arrest, coronary artery bypass grafting, coronary angioplasty.</p> <ul style="list-style-type: none"> (a) Category C until investigated/treated and for three months thereafter, or (b) Category E after successful completion of Bruce protocol exercise test,* without ischemic changes of ECG. Time to review to be specified. (c) Category B if deck officer, or seafarer on distant voyages on ship without doctor. Consider Category E for non-watchkeeping duties without emergency duties requiring physical exertion in those who are symptom free. Continuity of follow up is essential.

Item	Standard
	<p>* Exercise evaluation to be performed on a bicycle or treadmill. Seafarers should be able to complete 3 stages of the Bruce protocol or equivalent safely, without anti-anginal medication for 48 hours and should remain free from signs of cardiovascular dysfunction, i.e. angina pectoris, syncope, hypotension, sustained ventricular tachycardia, and/or electro cardiographic ST segment shift which accredited medical opinion interprets as being indicative of myocardial ischaemic (usually > 2 mm horizontal or down-sloping). In the presence of established coronary heart disease, exercise evaluation is to be required at regular intervals not exceeding 3 years. If the cause of the chest pain is in doubt, an exercise test should be carried out as above. Those with a locomotor disorder who cannot comply will require specialist cardiological opinion.</p>
7.4	<p>Other Cardiovascular Disorders Any clinically significant abnormality of rate of rhythm or disorder of conduction - Category B.</p>
7.5	<p>Cerebro-vascular Diseases. Any cerebro-vascular accident including transient ischaemic attacks - Category B.</p>
7.5.1	<p>General cerebral arteriosclerosis: including dementia and senility - Category B.</p>
7.6	<p>Diseases of Arteries A history of intermittent claudication: including any case where vascular surgery was required - Category B.</p>
7.7	<p>Diseases of Veins</p>
7.7.1	<p>Varicose Veins - slight degree - Category A. Moderate degree without symptoms or oedema may be - Category A, but with symptoms - Category D for treatment. Recurrent after operation, with symptoms - Category C for further surgical opinion or, if not suitable for further treatment - Category B.</p>
7.7.2	<p>Chronic varicose ulceration - Category B. Thin unhealthy scars of healed ulcers or unhealthy skin of varicose eczema - Category B.</p>
7.7.3	<p>Recurrent or persistent deep vein thrombosis or thrombophlebitis - Category B.</p>
7.7.4	<p>Haemorrhoids - not prolapsed, bleeding or causing symptoms - Category A. Other cases should be - Category D until satisfactory treatment has been obtained.</p>
7.7.5	<p>Varicocoele - symptomless - Category A; with symptoms - Category D for surgical opinion.</p>
8	<p>RESPIRATORY SYSTEM</p>
	<p>The respiratory system should be free from acute or chronic disease causing significant disability.</p>
8.1	<p>Acute Sinusitis - until resolved - Category D.</p>
8.2	<p>Chronic Sinusitis - if disabling and frequently relapsing despite treatment - Category B.</p>
8.3	<p>Nasal Obstruction. Septal abnormality or polypus - until satisfactorily treated - Category D.</p>
8.4	<p>Throat Infections. A history of frequent sore throats or unhealthy tonsils with adenitis - until satisfactorily treated - Category D.</p>
8.5	<p>Chronic Bronchitis and/or Emphysema - Class depends on severity. Mild uncomplicated cases with good exercise tolerance may be - Category A, but cases with recurring illness causing significant disability in relation to the job should be - Category B.</p>

Item	Standard
8.6	Asthma - for investigation - Category D. If confirmed - Category B, subject to consideration of exceptions as follows:
8.6.1	A history of bronchial asthma resolving, without recurrence, before the age of 16 may be disregarded.
8.6.2	Well controlled asthma (confirmed by investigation and appropriate supporting evidence), treated with inhaled medication only without a history of exacerbation requiring hospital admission or oral steroids, and subject to suitable follow up - Category A(T) or E.
8.6.3	Occupational Asthma - to avoid the allergen - Category E.
8.7	Pneumothorax. All cases to be classified - Category C for at least 12 months. With recurrence - Category B.
9	DISEASES OF THE DIGESTIVE SYSTEM
9.1	Diseases of the Oral Cavity
9.1.2	Mouth or gum infection - until satisfactorily treated - Category D.
9.1.3	Dental defects - until satisfactorily treated - Category D. Seafarers should be dentally fit.
9.2	Diseases of the Oesophagus, Stomach and Duodenum
9.2.1	Peptic Ulceration - for investigation - Category D.
	Cases of proven ulceration should not return to seafaring until they are free from symptoms. There should also be evidence of healing on gastroscopy and the seafarer should have been on ordinary diet for at least three months - Category A(T). Where there has been gastro-intestinal bleeding, perforation or recurrent peptic ulceration (in spite of maintenance H2 blocker treatment) or an unsatisfactory operation result - normally Category B. Following successful treatment of helicobacter pylori and urea breath test at least five weeks after completion of treatment to confirm eradication - Category A.
9.3	Recurrent attacks of Appendicitis - pending surgical removal - Category D.
9.4	Hernia - see 13.4.
9.5	Non-infective Enteritis and Colitis - severe or recurrent or requiring special diet - Category B.
9.6	Intestinal Stoma - Category B.
9.7	Diseases of the Liver and Pancreas
9.7.1	Cirrhosis of the liver - for investigation - Category D, then where condition is serious or progressive and/or where complications such as oesophageal varices or ascites are present - Category B.
9.7.2	Biliary Tract Diseases - after complete surgical cure - Category A or A(T) on case assessment.
9.7.3	Pancreatitis - recurrent pancreatitis and all cases where alcohol is an aetiological factor - Category B.

Item	Standard
10	DISEASES OF THE GENITO-URINARY SYSTEM
	All cases of proteinuria, glycosuria or other urinary abnormalities should be referred for investigation.
10.1	Acute Nephritis - until resolved - Category D.
10.2	Subacute or Chronic Nephritis or Nephrosis - for investigation - Category D, then Categories E or B on case assessment.
10.3	Acute Urinary Infection - until satisfactorily treated - Category D. Recurrent cases - Category B unless full investigation has proved satisfactory.
10.4	Renal or Ureteric Calculus - for investigation and any necessary treatment - Category D. An isolated attack of renal colic with passage of small calculus may be - Category A after a period of observation, provided urine and renal function remain normal and there is no clinical and radiological evidence of other calculi. Recurrent stone formation - Category B.
10.5	Urinary Obstruction - from any cause - for investigation - Category D; if not remediable - Category B.
10.6	Removal of Kidney - in serving seafarers, provided the remaining kidney is healthy with normal function - Category A(T). Such cases may be unsuitable for service in the tropics or other conditions of high temperature, in which case - Category E.
10.7	Renal Transplant - Category B.
10.8	Incontinence of Urine - for investigation - Category D. If irremediable - Category B.
10.9	Enlarged Prostate - for investigation - Category D.
10.1	Hydrocoele - small and symptomless - Category A. Large and/or recurrent - Category D or, if untreated - Category B.
10.11	Abnormality of the Primary and Secondary Sexual Characteristics - for investigation - Category D, upon which final assessment will rest.
10.12	Gynaecological Conditions - There should be no gynaecological disorder or disease such as heavy vaginal bleeding, lower abdominal pain or prolapse of the genital organs likely to cause trouble on the voyage or affect working capacity.
11	PREGNANCY
11.1	The doctor should discuss with the seafarer the implications of continuing work at sea particularly if it is a first pregnancy. A seafarer with a normal pregnancy before the 28 th week may be permitted to work on short haul trips or long haul trips on a vessel carrying a doctor - to allow for ante natal care - Category E. Employment should not normally be permitted after the 28 th week of pregnancy. Following delivery, employment should not be permitted for at least six weeks after delivery.
11.2	Abnormal Pregnancy , on diagnosis - Category C.

Item	Standard
<p>12</p> <p>12.1</p> <p>12.1.1</p> <p>12.2</p> <p>12.2.1</p> <p>12.2.2</p> <p>12.2.3</p> <p>12.2.4</p> <p>12.2.5</p>	<p>SKIN DISORDERS</p> <p>Special care is required in passing fit for service in the tropics if there is a history of skin trouble. Catering staff in particular should have no focus of skin sepsis.</p> <p>Any condition liable to be aggravated by heat, sea air, oil, caustics or detergents - or due to specific occupational allergens may be - Category A(T), B, C, D or E on case assessment.</p> <p>Infections of Skin - until satisfactorily treated - Category D.</p> <p>Acne - most cases - Category A, but severe pustular cystic acne - Category B.</p> <p>Other Inflammatory Skin Conditions</p> <p>Atopic Dermatitis and related conditions - until satisfactorily treated - Category D.</p> <p>Contact Dermatitis - refer for dermatological opinion - Category D.</p> <p>Acute Eczema - no seafarer should return to duty until skin is healthy - Category D.</p> <p>Recurrent Eczema of more than minimal extent - Category B.</p> <p>Psoriasis - most cases can be - Category A, but some widespread or ulcerated cases should be - Category D for treatment. Severe cases resistant to treatment, frequently relapsing or associated with joint disease - Category B.</p>
<p>13</p> <p>13.1</p> <p>13.2</p> <p>13.3</p> <p>13.4</p> <p>13.4.1</p>	<p>MUSCULO-SKELETAL SYSTEM</p> <p>It is essential that seafarers should not have any defect of the musculo-skeletal system which might interfere with the discharge of their duties; muscular power, balance, mobility and co-ordination should be unimpaired.</p> <p>Osteo-arthritis - for assessment - Category D. Advanced cases where disability is present - Category B.</p> <p>Limb Prosthesis normally would not be acceptable.</p> <p>Back Pain - recurrent incapacitating back pain - Category B.</p> <p>Hernia - until repaired - Category D.</p> <p>Diaphragmatic Hernia - to be assessed according to the disability.</p>
<p>14</p>	<p>SPEECH DISORDERS</p> <p>If likely to interfere with communications - Category B.</p>
<p>15</p> <p>15.1</p> <p>15.2</p> <p>15.2.1</p> <p>15.3</p>	<p>HEARING</p> <p>Acute and Chronic Otitis Externa - Category D. Should be completely healed before returning to sea. Care is required in passing fit for tropics.</p> <p>Acute Otitis Media - until satisfactorily treated - Category D.</p> <p>Chronic Otitis Media - Category D. May become Category A or Category E after satisfactory treatment or surgery. Special care is required in passing fit for tropics, where air travel is required or if the job involves food handling.</p> <p>Loss of Hearing - a degree of impairment sufficient to interfere with communication - Category B.</p>

Item	Standard
15.4	<p>Unilateral Complete Loss of Hearing in serving seafarers - assessment of this condition should be considered in relation to the job.</p> <p>A serving seafarer in whom impaired hearing acuity is found should be referred for full investigation by an ENT surgeon.</p> <p>Hearing Aids: the use of a satisfactory hearing aid at work by certain catering department personnel could be considered where not hearing an instruction would not result in a danger to the seafarer or others. The hearing aid should be sufficiently effective to allow communication at normal conversational tones.</p> <p>The use of a hearing aid by those working in, or associated with, the deck or engine room departments, including electricians and radio operators, should not be permitted.</p>
16	<p>EYES / VISION</p> <p>No person should be accepted for training or service at sea if an irremediable morbid condition of either eye, or the lids of either eye, is present and liable to the risk of aggravation or recurrence.</p> <p>Binocular vision is normally necessary for all seafarers; however, monocular serving seafarers, and those who become monocular in service, who meet the required standard should be allowed to continue to serve at sea.</p> <p>In all cases where visual aids (spectacles or contact lenses) are required for the efficient performance of duties, a spare pair must be carried when seafaring. Where different visual aids are used for distant and near vision a spare pair of each must be carried.</p> <p>Persons wishing to serve in the deck department or considering dual qualifications are strongly advised to have their eyes tested by an eyesight examiner before embarking on their career, in view of the particular importance for them of good eyesight.</p> <p>Colour vision</p> <p>In the case of seafarers serving, or intending to serve, in the deck department and required to undertake watchkeeping duties, colour vision is tested with <i>Ishihara</i> plates, using the introductory plate and all the transformation and vanishing plates. A person who fails this test may be referred to an eyesight examiner for further examination using the <i>Holmes-Wright</i> Type B lantern test, in accordance with Annex 2. In the case of seafarers serving, or intending to serve, in other departments, colour vision is tested using <i>Ishihara</i> plates (as for deck department).</p>

Table: Visual standards

	<i>Distant vision</i>			<i>Near vision^b</i>	<i>Colour vision^c</i>	<i>Visual fields^d</i>
	<i>Basic visual acuity standard (unaided)</i>	<i>Higher visual acuity standard (aided if necessary)^a</i>	<i>Other eye^b</i>			
	Better eye ^b	Better eye ^b	Other eye			
	not less than	not less than	not less than			
Deck department^f						
1. Seafarers required to undertake watchkeeping duties	6/60	6/6	6/12	N8 for charts, weather maps and N12 for other reading tasks with or without visual aids	Ishihara or Lantern	No pathological field defect
2. Others (aided vision if necessary)				Sufficient to undertake duties efficiently		
Other departments^e						
1. Engine room (includes electrician) and radio	6/60	6/18 6/9 ^b	6/18	N8 to read instruments and gauges on controls	Ishihara	Sufficient to undertake duties efficiently
2. Others (aided vision if necessary)				Sufficient to undertake duties efficiently		

Notes:

- (a) In all cases where visual aids (spectacles or contact lenses) are required to meet the higher standard, a spare pair must be carried when seafaring. When different visual aids are used for distance and near vision, a spare pair of each must be carried.
- (b) For seafarers who become monocular in service with no evidence of progressive eye disease in the remaining eye, monocular vision is permitted.
- (c) Aids to colour vision, such as red-tinted x-chroma, chromas lenses and chromagen lenses, are not permitted.
- (d) Seafarers who suffer pathological field defects (i.e. not new entrants, deck officers and monocular seafarers) should have a field of vision at least 120° in the horizontal measured by the Goldman perimeter using the iii/4 setting (or equivalent perimetry). In addition there should be no significant defect in the binocular field which encroaches within 20° of fixation above or below the meridian. Homonymous or bitemporal defects which come close to fixation whether hemianopic or quadrantic are not acceptable.
- (e) No diplopia, congenital night blindness, retinitis pigmentosa or any other serious or progressive eye disease is permitted.

APPENDIX

(Regulation 11)

FORM OF MEDICAL CERTIFICATE

SEAFARER'S MEDICAL CERTIFICATE					
Name		Sex		Proof of identity	
Surname	Given names	<input type="checkbox"/> Male	<input type="checkbox"/> ID	<input type="checkbox"/> Passport	
		<input type="checkbox"/> Female	ID or Passport No.		
Home address		Date of birth			
		Day / Month / Year			
I have evaluated the above-named applicant in accordance with the Merchant Shipping (Eyesight and Medical Examination) Regulations, 2004, made under the Merchant Shipping Act 57 of 1951. On the basis of the applicant's personal declaration and my clinical examination and diagnostic test results recorded on the medical examination form, I declare the applicant:					
<input type="checkbox"/> Fit	<input type="checkbox"/> Unfit*	<input type="checkbox"/> Category	Deck Department		
<input type="checkbox"/> Fit	<input type="checkbox"/> Unfit*	<input type="checkbox"/> Category	Engine Department		
<input type="checkbox"/> Fit	<input type="checkbox"/> Unfit*	<input type="checkbox"/> Category	Other Departments		
The applicant used aids to vision		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Colour vision test done		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Colour blind		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
The applicant used aids to hearing		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Category E, describe restrictions (eg specific position, type of ship, trade area)					
List any prescribed medications taken regularly					
Date of expiry					
Day / Month / Year					
Date of examination		/ /		Place of examination	
Name of Medical Examiner			Signature of Medical Examiner		
I acknowledge that I have been advised of the content of the medical examination form.				Distribution of copies	
Applicant's signature				Original Duplicate Triplicate	Applicant SAMSAMSA Medical Examiner

ANNEX 2

(Regulation 20)

COLOUR AND FORM VISION TESTS

These tests are applicable to seafarers required to undertake watchkeeping duties in the deck department.			
	Test	Method of test	Standard
1. New entrants and all first-time applicants for certification in terms of the seafarer certification regulations.	<p>Form test Using cards based on Snellon's principle, the candidate is to view the cards indirectly through a polished mirror at a virtual distance of 6 metres from the eye. The cards have 7 lines. The 3rd, 4th, 5th, 6th and 7th lines corresponding to the standards 6/24, 6/18, 6/12, 6/9 and 6/6, respectively.</p> <p>Lantern test The candidate is to view, through large and small apertures, coloured lights, red, green and white in the mirror mentioned above, from the approved lantern positioned directly in front of the mirror so that the front part of the lantern is exactly 3,05 metres from the mirror. The candidate is to sit beside the lantern with his or her eyes more or less in line with the front of the lantern. The testing room must be so darkened as to exclude all daylight.</p>	<p>Form test Candidates are to read a card with both eyes and then different cards with each eye separately. Cards are to be read from left to right, top to bottom. The eye not being used is to be covered with a small card. The cards and means of illumination must be in accordance with BS4274-1960 and must be contained in a cabinet placed so that the centre of a Snellon's card as viewed is at the height of the eye of an average person in a sitting position.</p> <p>Lantern test To acquaint the candidate with the lantern colours, the candidate is to read one complete circuit of large aperture lights. The candidate is then required to name the coloured lights as they appear in four complete and one broken circuit of small apertures. Large apertures show the coloured lights singly i.e. red, green or white. The small apertures show the coloured lights in pairs in any combination of the three colours or in the same colour.</p>	<p>Form test <i>Without aids to vision</i> The candidate is to read correctly down to and including line 7 with the better eye, line 6 with the other and line 6 with both eyes. <i>With aids to vision</i> First without the aids to vision, the candidate is to read correctly down to and including line 5 with the better eye, line 3 with the other eye and line 3 with both eyes. Then with the aids to vision, the candidate is to read correctly down to and including line 7 with the better eye, line 6 with the other eye and line 6 with both eyes.</p> <p>Lantern test A candidate who mistakes red for green or <i>vice versa</i>, in the large or small apertures is taken to have failed the test. A candidate who on more than six occasions in four full and one broken circuit of the small apertures, confuses red for white or white for green or <i>vice versa</i>, is taken to have failed the test. A candidate is permitted to read the lights with or without aids to vision, but aids to vision that are designed to correct or adjust colour vision deficiencies may not be used.</p>
2. Other applicants for certification in terms of the seafarer certification regulations, and all applicants for pilotage exemption.	As for item 1, except "Ishihara" card test may be used instead of lantern test.	As for item 1, except "Ishihara" card test may be used in stead of lantern test.	<p>Form test (a) Candidate under 40 years of age—as for item 1. (b) Candidate being 40 years of age or older— <i>Without aids to vision</i> The candidate is to read correctly down to and including line 7 with the better eye, line 5 with the other eye and line 5 with both eyes. <i>With aids to vision</i> First without aids to vision, the candidate is to read correctly down to an including line 3 with both and then either eye. Then with aids to vision, the candidate is to read down to an including line 7 with the better eye, line 5 with the other eye and line 5 with both eyes.</p> <p>Lantern test As for item 1, except that a candidate who has previously passed the lantern test may be taken to have passed this test if he or she reads correctly the "Ishihara" plates 1, 11, 15, 22 and 23.</p>

Notes:

1. Binocular vision is a requirement for new entrants. Seafarers who become monocular in service are required to meet the standard for the better eye, specified in the table above.
2. A candidate who requires darkness adaptation in the lantern test is permitted a period of 10 minutes in a darkened room for his or her eyes to adapt to the darkness.
3. A candidate who fails the form or lantern test may repeat the test at the discretion of the Authority.
4. Candidates will be notified in the appropriate form of the test results, or if their case has been referred for consideration.
5. A candidate who is ill on the day of the test or who is on medication at the time of the test stands a chance of failing the test. These candidates should be given an option of attempting the test at a later time when well.
6. Candidates are to declare to the eyesight examiner whether or not they will be using contact lenses during the tests. A candidate who fails to declare the use of contact lenses will be penalised by being prohibited from completing the test for a period of two years from the date he or she last completed the test, and the results of that test will be revoked in writing by the Authority.
7. A candidate who uses aids to vision to pass the form test must show the eyesight examiner two pairs of such aids to vision.

EXPLANATORY NOTE

(This note is not part of the regulations)

These regulations re-enact, with modifications, the Eyesight and Medical Examination Regulations, 1977, that were repealed by the Merchant Shipping (Training and Certification) Regulations, 1999.

The regulations supplement sections 87, 92, 101 and 111 of the Merchant Shipping Act, 1951, by establishing eyesight and medical examination procedures and standards for seafarers serving, or intending to serve, on ships of 25 gross tonnage or more that are either registered or licensed in the Republic. The regulations require that seafarers be fit to perform their intended duties and, for that purpose, require seafarers to be periodically examined by medical examiners approved by the South African Maritime Safety Authority. The regulations establish guidance on the medical examination of seafarers and require medical examiners to have regard to the guidance when examining a seafarer to determine his or her fitness for service at sea.